

SLA # _ _ _ _ _
For the 1 2 3 4 Quarter 20__
(circle one)

**STATE OF NEW JERSEY
DEPARTMENT OF BANKING AND INSURANCE
THE SURPLUS LINES EXAMINING OFFICE
PO Box 325, Trenton NJ 08625-0325**

SCHEDULE SHOWING FIRE PREMIUMS AND TAXES PAYABLE

Mail to:
NEW JERSEY FIREMEN'S ASSOCIATION
50 Evergreen Place, East Orange, NJ 07018

Producer Name _____

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| (1) ISO CODE | (2) LOCATION OF RISK (Municipality of Fire District) | (3) Zip Code | (4) PREMIUM | (5) FRA TAX |
|-----------------|--|-----------------|----------------|----------------|
| | | | | |
| | | | \$ | \$ |